

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010098

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 5160 Registrar's No. 961. ~~FILED~~ APR 12 1962a. COUNTY CALLAWAYb. CITY (If outside corporate limits, give TOWNSHIP only) FULTON ALWOOD TWP Length of stay in lb 50 YRSc. FULL NAME OF (If NOT in hospital, give location) R.F.D. #1Inside Limits
Yes ☐ No ☒c. CITY
OR TOWN FULTONd. STREET
ADDRESS R.F.D. #1Inside Limits
Yes ☐ No ☒Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First EZRA Middle LOYD Last BERAY4. DATE
OF DEATH Month APRIL Day 2 Year 19625. SEX
MALE6. COLOR OR RACE
CAU.7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
OCT. 5, 19029. AGE (last birthday) 59
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
FARMER10b. KIND OF BUSINESS OR INDUSTRY
FARMING11. BIRTHPLACE (City and state or country) CALLAWAY CO. MO
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME

JAMES D. BERRY

13b. MOTHER'S MAIDEN NAME

ALICE HARRIS

14. NAME OF HUSBAND OR WIFE

HELEN MEYER BERRY15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)16. SOCIAL SECURITY NO.
NO

17. INFORMANT

MRS. LOYD BERRY Address FULTON R.F.D. 1, MO18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF LUNGINTERVAL BETWEEN
ONSET AND DEATH
6 MONTHSConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ N. ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to 1962 and last saw him alive on MARCH 20, 1962
Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James E. Hile MD

(Degree or title)

22b. ADDRESS

Fulton, Mo

22c. DATE SIGNED

4-4-6223a. BURIAL, CREMATION,
REMOVAL (Specify)BURIAL

23b. DATE

APRIL 3, 1962

23c. NAME OF CEMETERY OR CREMATORY

STEEDMAN

23d. LOCATION (City, town, or county)

STEEDMAN

(State)

MO.

24. FUNERAL DIRECTOR

GLEN MAUPIN

ADDRESS

Fulton, Mo.

25. DATE RECD. BY LOCAL REG.

April 5-1962

26. REGISTRAR'S SIGNATURE

Maretha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene C. Maupin

Licensed Embalmer No. 5092

P. O. Address

Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.